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| 2021年范县公开补录看护特勤人员报名表  报名序号： | | | | | | | | | | | | | | | | |
| 姓  名 |  | | 性 别 | | |  | | | 出生年月 | | |  | | | | 照片 |
| 民  族 |  | | 籍 贯 | | |  | | | 政治面貌 | | |  | | | |
| 身份证号 | |  | | | | | 户口所在地派出所 | | | |  | | | | |
| 家庭详细  住址 | |  | | | | | | | 联系电话 | | | | |  | | |
| 考生类型： 高校毕业生 □      退役士兵 □   请在方框内打“√” | | | | | | | | | | | | | | | | |
| 学  历 | |  | | | 毕业院校及  专业 | | | | | |  | | | | | |
| 服役部队 | |  | | | | 退伍时间 | |  | | | | 退伍  证号 | | |  | |
| 本人简历 | |  | | | | | | | | | | | | | | |
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| 家庭成员及主要社会关系 | | 与本人关系 | | 姓 名 | | | | | | 出生年月 | | | 工作单位及职务 | | | |
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| 家庭主要成员及重要社会关系被司法机关追究刑事责任情况 | |  | | | | | | | | | | | | | | |
| 个人承诺 | | 本人所填信息属实，如查有不实，本人自愿放弃本次招聘。  本人签名：  年 月 日 | | | | | | | | | | | | | | |
| 审查情况 | | 经审查，该同志符合报名条件。  审查人签名： | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | |